

6P2735

Atty. Docket No. STE01 P-798B

CERTIFICATE OF MAILING

I hereby certify that this paper, together with all enclosures identified herein, are being deposited with the United States Postal Service as first class mail, addressed to the Assistant Commissioner for Patents, Box Non-Fee Amendment, Washington D.C. 20231, on the date indicated below.

4/10/00
Date

Rebecca A. Westers
Rebecca A. Westers

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit : 2735
Examiner : Brian Zimmerman
Applicant : Joel D. Stanfield et al.
Appln. No. : 08/998,302
Filing Date : December 24, 1997
For : ELECTRONIC SYSTEM, COMPONENTS AND METHOD FOR TRACKING FILES

Assistant Commissioner for Patents
Box Non-Fee Amendment
Washington, D.C. 20231

Dear Sir:

Enclosed is an Amendment for the above-identified application.

Any fee for additional claims has been calculated as shown below:

CLAIMS AS AMENDED

	Col. 1		Col. 2	Col. 3	Small Entity		Other Than A Small Entity	
	Claims Remaining After Amendment		Highest No. Previously Paid For	Present Extra	Rate	Add'l Fee	Rate	Add'l Fee
Total Claims	*63	Minus	**63	=00	x \$ 9	\$00	X \$ 18	\$00
Independent Claims	*14	Minus	***14	=00	x \$39	\$00	X \$ 78	\$00
First Presentation of Multiple Dependent Claims \$130						\$00	X \$260	\$00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$00		\$00

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Applicant : Joel D. Stanfield et al.
Appln. No. : 08/998,302
Page : 2

- * If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3
- ** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest No. Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.
The "Highest No. Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.

___ Small entity status of this application under 37 C.F.R. §§ 1.9 and 1.27 has been established by a verified statement previously submitted or is enclosed.

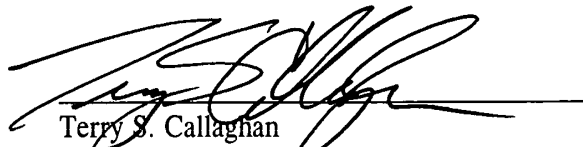
X No additional fee is required.

___ A fee of \$_____ over the cost of the additional claims added by this response is enclosed.

X Please charge any additional fees or credit overpayment to Deposit Account 16 2463.
A duplicate copy of this sheet is attached.

PRICE, HENEVELD, COOPER,
DEWITT & LITTON

4-10-2000
Date


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TSC/rsw

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AMENDMENT

In response to the Office Action mailed January 10, 2000, please amend the above-identified application as follows.

In the Abstract:

Page 55, line 10, change "locating" to --locate--.

In the Specification:

Page 2, line 6, change "suppose" to --supposed--.

Page 10, line 3, change "detailed" to --detail--.

Page 13, line 19, change "it" to --its--.

Page 21, line 15, change "allows" to --allow--.

Page 22, line 1, before "sense" delete "the".

Page 22, line 8, change "length time" to --length of time--.

Page 24, line 12, change "inquires" to --inquiries--.